FINANCIAL STATUS REPORT (Short Form) (Follow instructions on the back)

Recipient Organization (Name and complete address, including ZIP code) Computer Aided Surgery, Inc. 300 East 33rd Street, Suite 4N New York, NY 10016 Employer Identification Number			Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Appro No. 0348-003		
Computer Aided Surgery, Inc. 300 East 33rd Street, Suite 4N New York, NY 10016 Employer Identification Number 5. Recipient Account Number or Identifying Number 13-3889180 131 058 299 665 Funding/Grant Period (See instructions) From: (Month, Day, Year) 101/1/2011 17-20	NIST ATP	70NANI	B1H3050	050		1 1 1	
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13-389/180 13-1088 299 665 From: (Month, Day, Year) 10/01/2001 Transactions To: (Month, Day, Year) 09/30/2002 Transactions To: (Month, Day, Year) 06/30/2002 Transactions This Reported Period (See Instructions) Reported Previously Reported Previously Reported Period (See Instructions) \$	Employer Identification Number	5. Recipient Account No	umber or Idenlifying Number	6, Final Rep			
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